

**RURAL CELLULAR CORPORATION**

3905 Dakota Street SW • P.O. Box 2000
Alexandria, MN 56308-2000
320.808.2317 • Fax: 320.808.2120
<http://www.rccwireless.com>

Fax Cover Sheet

DATE:**TIME:****TO: DAVID SIEHL****TITLE:****COMPANY: FCC****FAX: 202-418-8188****FROM: KRISTEN MCCABE 320.808.2317 kristenjm@rccw.com****RE: RCC ATLANTIC 911 TRANSITION REPORT****CC:****Number of pages including cover sheet: 4**

MESSAGE: _____

The information contained in this facsimile message is privileged and confidential and is intended only for the use of the individual/entity named. Any dissemination of this communication by anyone besides the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail at the above address. Thank you.

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

RCC Atlantic, Inc

Parent Company Name

Rural Cellular Corporation

Service Provider Name

DBA Cellular One

Company Address, City, State, Zip

PO Box 2000

Alexandria, MN 56308

Service Provider Type

Wireless

Wireline

RCC Atlantic Inc.

Name(s) of Wireless License Holder(s)

Stacy Peterson

Contact Name

320-808-2469

Contact Tel #

320-808-2120

Fax #

stacyrp@rccw.com

E-mail Address

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Hamilton, NY

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

618-562-0472 NY State Police

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Complete

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Complete

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

NONE

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

NONE

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative

Title

Date

This filing is:



original filing



revised filing

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